## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

22750/484

| CLAIMS AS FILED - PART I SMALL ENTITY OTHER TH                                                                                                                                                                                                                                                                                                                                                             |                                                |                                           |                 |                                  |              |                  |   |                     |                        |    |                            | TUAN                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|-----------------|----------------------------------|--------------|------------------|---|---------------------|------------------------|----|----------------------------|------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                           | (Column 1)      |                                  | (Column 2)   |                  |   | TYPE                |                        | OR | OTHER<br>SMALL             |                        |
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                           | 17              |                                  | 4            |                  |   | RATE                | FEE                    | 1  | RATE                       | FEE                    |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                           | NUMBER FILED    |                                  | NUMBER EXTRA |                  |   | BASIC FEE           | 355.00                 | OR | BASIC FEE                  | 710.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                           | 7 minus 20=     |                                  | · 0          |                  |   | X\$ 9=              | -                      | OR | X\$18=                     |                        |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                                           | minus 3 =       |                                  | . 0          |                  |   | X40=                |                        | OR | X80=                       |                        |
| М                                                                                                                                                                                                                                                                                                                                                                                                          | JLTIPLE DEPE                                   | NDENT CLAIM P                             | RESENT          |                                  |              |                  |   | 105                 |                        | 1  |                            |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                                                                                                                                                   |                                                |                                           |                 |                                  |              |                  | ' | +135=               |                        | OR | +270=                      | -                      |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                           |                 |                                  |              |                  |   | TOTAL               | L                      | OR | TOTAL                      | 710                    |
|                                                                                                                                                                                                                                                                                                                                                                                                            | - me: 45 me:                                   | (Column 1)                                |                 | (Colur                           | nn 2)        | nn 2) (Column 3) |   | SMALL ENTITY        |                        | OR | OTHER THAN OR SMALL ENTITY |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                | 遺                                              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVIC<br>PAID    | BER<br>DUSLY | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Total                                          | • 17                                      | Minus           | 2                                | · O          | = Ø              |   | X\$ 9=              |                        | OR | X\$18=                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Independent                                    | ENTATION OF MI                            | Minus           | ***                              | 3            | = 2              |   | X40=                |                        | OR | X80≈                       |                        |
| <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                   | i mor razo                                     | ENTATION OF IM                            | JETIFLE DE      | PENDENI                          | CLAIM        |                  |   | +135=               |                        | OR | +270=                      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | •                                              |                                           |                 |                                  |              |                  |   | TOTAL<br>ADDIT, FEE |                        | OR | TOTAL<br>ADDIT. FEE        |                        |
| _                                                                                                                                                                                                                                                                                                                                                                                                          | 100.7                                          | (Column 1)                                |                 | (Colum                           |              | (Column 3)       |   |                     |                        |    |                            |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                                |                                                | REMAINING<br>AFTER<br>AMENDMENT           |                 | HIGH<br>NUMI<br>PREVIO<br>PAID I | BER<br>DUSLY | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Total                                          | <u> </u>                                  | Minus           | **                               |              | =                |   | X\$ 9=              |                        | OR | X\$18=                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | independent                                    | NTATION OF MI                             | Minus           | ***                              | C! AILE      | = -              |   | X40=                |                        | OR | X80=                       |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                 |                                  |              |                  |   |                     |                        | OR | +270=                      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                           |                 |                                  |              |                  |   | TOTAL<br>DDIT, FEE  |                        | OR | TOTAL<br>ADDIT. FEE        |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                | (Column 1)<br>CLAIMS                      |                 | (Colum                           |              | (Column 3)       |   |                     |                        |    |                            |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                                                                                |                                                | REMAINING<br>AFTER<br>AMENDMENT           |                 | NUME<br>PREVIO<br>PAID P         | BER<br>USLY  | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Total                                          | •                                         | Minus           | **                               |              | = .              |   | X\$ 9=              |                        | OR | X\$18=                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Independent                                    | •                                         | Minus           | ***                              | -,           | =                | ı | X40=                |                        |    | X80=                       |                        |
| _                                                                                                                                                                                                                                                                                                                                                                                                          | FIRST PRESE                                    | NTATION OF MU                             | ILTIPLE DEF     | PENDENT                          | CLAIM        |                  | H |                     |                        | OR |                            |                        |
| • 1                                                                                                                                                                                                                                                                                                                                                                                                        | the entry in colu                              | mn 1 is less than th                      | e entry in colu | mn 2. write                      | "0" in col   | umn 3            | L | +135=               |                        | OR | +270=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                |                                           |                 |                                  |              |                  |   |                     |                        |    |                            | -                      |